

<b>Case Number:</b>	CM13-0039717		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	10/21/2009
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Podiatric Surgery and is licensed to practice in New York. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is presented with a date of injury of 10/21/2009. A blunt trauma caused a compound 5th metatarsal fracture left side. In 4/2011 the patient underwent 5th metatarsal osteotomy and arthroplasty 5th left. On 8/14/2013 the patient was seen for a sharp stabbing pain to the 4th metatarsal area. The "pain comes on 20 times a day." Tingling of the limb was noted with tenderness to the 4th intermetatarsal space left. X-rays reveal a healed 5th metatarsal fracture. The diagnoses include foot pain and injury to the cutaneous sensory nerve of the lower limb. Patient was treated with gabapentin and local steroid and anesthetic injection to the area. MRI of the left foot was essentially normal. The physician recommended a nerve conduction study / EMG of the left foot. On 10/18/2013 it is noted that the patient continued to have pain to the left foot. A request for treatment authorization was submitted for nerve conduction studies/EMG left foot for continued pain to the fracture site. Patient has a diagnosis of nerve injury, fracture metatarsal, and foot pain. The EMG study was not recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**EMG OF THE LEFT FOOT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Amercian Academy of Neurology.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-377.

**Decision rationale:** MTUS/ACOEM guidelines state that disorders of soft tissue (such as tendinitis, metatarsalgia, fasciitis, and neuroma) yield negative radiographs and do not warrant other studies, e.g., magnetic resonance imaging (MRI). Furthermore, the MTUS/ACOEM guidelines state that electrical study for routine foot and ankle problems without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies is not recommended. This is the case for this patient. The request for an EMG of the left foot is not medically necessary and appropriate.